

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040798

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 257 Primary Registration District No. 8881 Registrar's No. 32

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY OSAGE	
b. CITY (If outside corporate limits, give TOWNSHIP only) Harrison Township		c. CITY OR TOWN R.F.D. Blend-Mo.	
c. FULL NAME OF (If NOT in hospital, give location) At his home - Blend-Mo.		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) John William Roehl		4. DATE OF DEATH 10-28-1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-28-1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Countryside	
13a. FATHER'S NAME Christopher Roehl		13b. MOTHER'S MAIDEN NAME Sophie Meeste	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs. Josephine Michel - Blend-Mo.		14. NAME OF DECEASED OR WIFE Elizabeth (deceased) Roehl	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis DUE TO (b) Chronic Myocardial Degeneration DUE TO (c) Atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 5 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Owensville, Mo.	
21. I attended the deceased from 1958 to 10-28-63 and last saw him alive on 10-25-63 Death occurred at 9:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 11-2-63	
22a. SIGNATURE Paul Brunel, M.D.		22b. ADDRESS Owensville, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Nov 1-1963	23c. NAME OF CEMETERY OR CREMATORY Owensville Cemetery	23d. LOCATION (City, town, or county) (State) Osage County - Mo.
24. FUNERAL DIRECTOR James Lewis Sumner		25. DATE RECD. BY LOCAL REG. Nov-5-1963	
26. REGISTRAR'S SIGNATURE Mrs. Clyde Morton			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles Sasmann

Licensed Embalmer No. 4178

P. O. Address Blond-Mu

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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